

Hunter New England and Central Coast Public Health Units Communicable Diseases Report April 2016

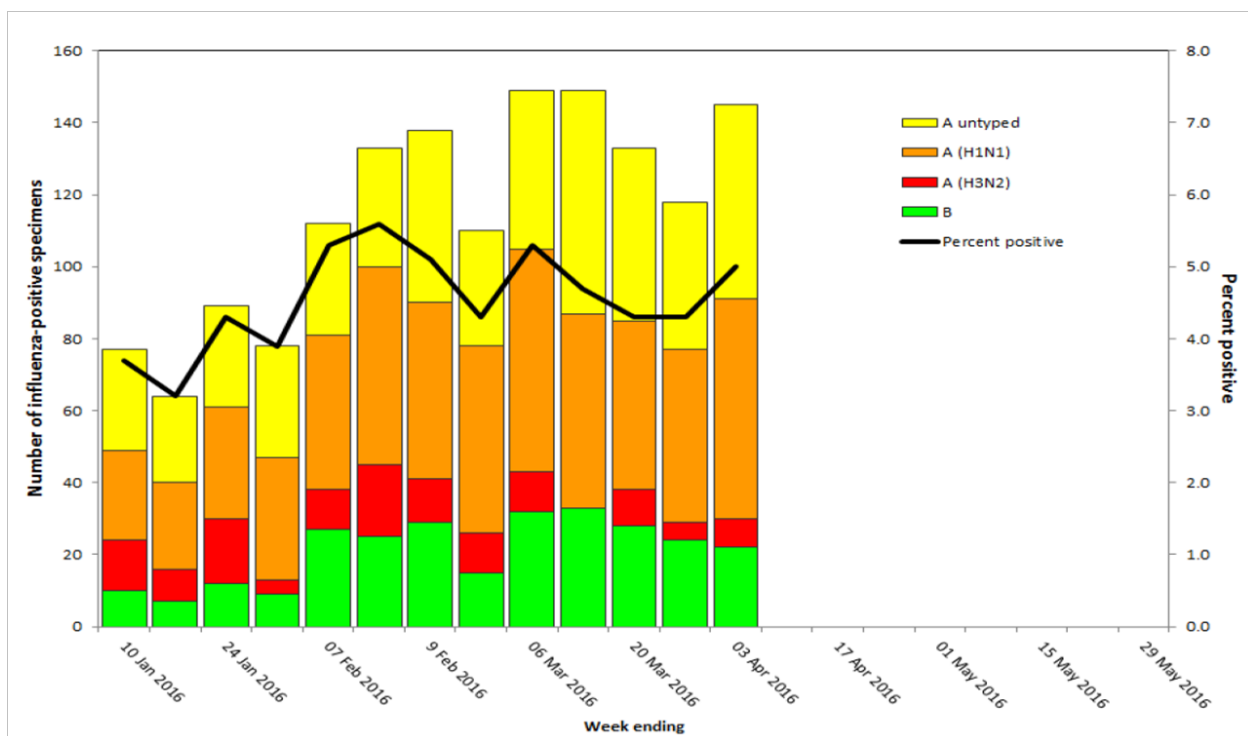
Influenza notifications increased
Influenza vaccination now available
Pertussis activity remains high

Influenza and respiratory infection

Influenza activity in the Northern Hemisphere is declining in accord with seasonal patterns, while some Southern Hemisphere countries are experiencing slight increases in influenza-like illness (ILI) activity. In North America, influenza activity continued to decrease with influenza A(H1N1)pdm09 and influenza B viruses co-circulating. Europe and Northern temperate Asia reported influenza activity decreased with a predominance of influenza B virus activity. Of the sub-typed influenza A viruses reported from the National Influenza Centres globally, 3758 (84.8%) were influenza A(H1N1)pdm09 and 673 (15.2%) were influenza A(H3N2). Of the characterized B viruses, 481 (17.7%) belonged to the B-Yamagata lineage and 2231 (82.3%) to the B-Victoria lineage. These appear to be well matched with the seasonal influenza vaccine.

Figure 1. Weekly influenza positive test results by type and sub-type reported by NSW sentinel laboratories, 1 January to 3 April 2016.

Source: NSW Ministry of Health.



In NSW, picornavirus and RSV are the most commonly identified respiratory viruses but parainfluenza and adenoviruses are also circulating. Emergency department presentations for bronchiolitis increased markedly in April.

Disease outbreaks in institutions: in April, the HNE Population Health Unit received notification of 13 gastroenteritis outbreaks and one respiratory outbreak in institutions (child care centres, residential aged facilities and hospital wards). [Outbreak management resources](#) are available on the HNE website.

Pertussis: activity remains high with over 150 notifications being received each week across NSW.

Legionnaire's Disease outbreaks: three small outbreaks have been reported to NSW Health this year, all centred around inner Sydney suburbs.

Interstate salmonellosis outbreak: a large outbreak of *Salmonella* Saintpaul has resulted in over 400 notifications and 40 hospitalisations from South Australia, NSW, ACT and the Northern Territory. This is a good example of how the national surveillance network, OzFoodNet, has coordinated an investigation which has identified raw bean sprouts as a potential source of infection.

Immunisation News

Two quadrivalent influenza vaccines are available under the National Immunisation Program– Fluarix Tetra® for eligible individuals 3 years of age and older and FluQuadri™ Junior, for eligible children 6-35 months of age. The [National Influenza Vaccination Program](#) offers free vaccine to the following people:

- all people aged 65 years and over
- all Aboriginal and Torres Strait Islander children aged 6 months to 5 years
- all Aboriginal and Torres Strait Islander people aged 15 years and over
- pregnant women
- people aged 6 months and over with medical conditions predisposing to severe influenza, including cardiac disease, chronic respiratory conditions, impaired immunity, diabetes mellitus, chronic renal failure and haemaglobinopathies.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2012 – 19 April 2016

	Hunter New England					Central Coast				
	2016	2015	2014	2013	2012	2016	2015	2014	2013	2012
Cryptosporidiosis	47	67	29	84	38	38	17	7	17	20
Salmonellosis	165	171	198	147	130	60	73	87	56	62
Chlamydia infection	1035	864	928	946	983	316	308	367	293	391
Gonorrhoea	125	102	92	45	98	31	46	30	36	17
Syphilis	13	12	17	18	8	6	17	16	8	6
Influenza	130	94	68	28	7	51	25	15	5	10
Meningococcal Disease	2	1	1	2	0	<5	<5	<5	<5	<5
Pertussis	492	276	78	76	239	228	54	7	20	93
Ross River virus†	46	205	46	30	80	19	54	8	6	12

*YTD Year to date for each year (reporting delays may result in changes to 2016 figures)

† Note, a more stringent RRV case definition was introduced in January 2016

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This [Communicable Disease Report](#) and previous editions are available on the internet

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